



*Consulate General of the United States of America  
Curaçao, Netherlands Antilles*

Information to be provided by Funeral home to the United States Consulate General Curacao  
for official Report of Death of American Citizens Abroad.

Please fill in as much information as you can!

**Human remains information:**

Name in full: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Social security number: \_\_\_\_\_

US address: \_\_\_\_\_

Address abroad (hotel, resort etc): \_\_\_\_\_

Place of death: \_\_\_\_\_

Date of death: \_\_\_\_\_

Hour of death: \_\_\_\_\_

Cause of death: \_\_\_\_\_

Attending physician: \_\_\_\_\_

Autopsy permission granted by: \_\_\_\_\_

Autopsy permission date/ time: \_\_\_\_\_

Autopsy location: \_\_\_\_\_

Autopsy date: \_\_\_\_\_

Autopsy reason: \_\_\_\_\_

Disposition of remains (details): \_\_\_\_\_

Disposition of effects (details): \_\_\_\_\_

**Family information:**

Traveling abroad with family members (name, address and phone number): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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Next of Kin (name, address, phone number):  
\_\_\_\_\_  
\_\_\_\_\_

**Shipping information**

Funeral Home abroad: \_\_\_\_\_

Funeral Home in the US shipped to (name, address, state, country):  
\_\_\_\_\_  
\_\_\_\_\_

Date of shipment: \_\_\_\_\_

Name carrier: \_\_\_\_\_

Airway bill number: \_\_\_\_\_

Attached files to be provided: Local death certificate, passport copy, statement of cause of death, permission for transportation certificate, embalming certificate, and shipping document.

Please send this information with the attached files per email or fax:

Danice Domacasse  
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US Consulate General Curacao  
J.B. Gorsiraweg 1  
Tel: (599-9) 4613066  
Fax: (599-9) 4616489  
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Thank you!!